

15/5/2010

INS. CASE OWNER:

Lynthwa

CC 4/AXA1800

9138 /

P
m 63

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

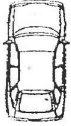
Date / Time:

21/5/18

Registered in Merimen:

21/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHL 5712K

Claim No.:

W0477748

Name of Insured:

THIRU - VAS SENEKES BIL

Policy No.:

VPX / P1680570

Insured Tel No.:

HP:

Make / Model:

RENAULT

Excess Sec II :\$

A 5000

D.O.A.:

21/4/18

Place of Accident:

56 VEERASAMY RD.

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

GRIE GRIKISTHANN

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

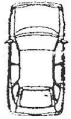
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

GRIE GRIKISTHANN



INSRS:

WSP:

Tel:

Liability:

RMKS:

cheng
MOE

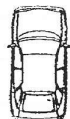
INSRS:

WSP:

Tel:

Liability:

RMKS:



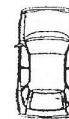
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
21/5/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
13-02-19	Documentation Check List:	
	Notification ltr (if non-pickup)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA / GIA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$S	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$S	
Loss of Rental (LOR):	\$S	(days)
Loss of Use (LOU):	\$S	(\$ x days)
Loss of Income (LOI):	\$S	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S	(e.g. Tow/ Independent)
Legal Cost	\$S	
Total:	\$S	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S	Name 1:
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3:

cancel.